

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875).						SERIAL NO. 107019949		FILING DATE 07 JAN 2002				
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/		/				52					
3	/		/				53					
4	/		/				54					
5	2		2				55					
6	2		1				56					
7	2		1				57					
8	/		/				58					
9	/		/				59					
10	/		/				60					
11	/		X				61					
12	/		X				62					
13	/		/				63					
14	/		/				64					
15							65					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		2				TOTAL IND.					
TOTAL DEP.	15		11				TOTAL DEP.					
TOTAL CLAIMS	17		13				TOTAL CLAIMS					